EDITORIAL NOTE: Because this questionnaire was intended to provide names and addresses of relatives, many of whom would then be contacted directly for physical examinations and more detailed information, there was only minimal effort to identify the parents of relatives who might be half-brothers and -sisters. If the information provided will be the basis for constructing a family tree, the questionnaire will have to be modified in a number of places:

(1) Several of the pages have, in the upper lefthand corner, "To whose children does this chart refer?" Add instructions that say, (All individuals in this page should share precisely the same birth parents; start a new page of the same color if the mother and/or the father changes.)

This questionnaire is designed to be folded into booklet form. The page numbers will make it clear how to fold the pages appropriately.

OMB Number: 0925-0194 Expiration Date: June 30, 2000

Family Number

### **FAMILY HISTORY QUESTIONNAIRE**

For each question, please check or record the appropriate response. If your answer does not fit one of the responses provided, feel free to write in your answer.

STATEMENTS IN ALL CAPITAL LETTERS ARE INSTRUCTIONS TO YOU. SUCH STATEMENTS MAY INSTRUCT YOU TO SKIP CERTAIN QUESTIONS OR THEY MAY ASK YOU TO PROVIDE ADDITIONAL INFORMATION ON SOME FAMILY MEMBERS.

When you are asked to provide information about children, we would like you to include all stillbirths and children who may not have lived past infancy.

Please be as thorough as you can. If you don't know the answer to a question, please write DK in the space provided for the answer. There is space on page 16 for any additional information or other comments you may have.

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Room 1200, Bethesda, MD 20892-7974, ATTN: PRA (0925-0194). Do not return the completed form to this address.

1.	On what date was this q	uestionnaire con	npleted?	
		 Month Day	Year	
2.	Please record your full r	name, mailing ad	dress, and teleph	none numbers.
	Last Name	First Name	Middle Name	(Maiden Name)
	Number and St	reet		Apt. #
	Cit		State	Zip
	( ) Area Code Ho	me Phone	() Area Code C	Office Phone
3.	When were you born?			
		 Month Da	 y Year	
4.	Where were you born?			
	Cit	у	County	State
	Foreign (	Country	Ye	ar moved to U.S.A.
5.	Are you male or female?	?		

Who else might have more health information a	about your family?	6a.
NAME:		
ADDRESS:		6b.
PHONE: () AREA CODE	NUMBER	
RELATIONSHIP TO YOU:		
NAME:	<u>.</u>	7.
ADDRESS:		
PHONE: () AREA CODE	NUMBER	
RELATIONSHIP TO YOU:		
Please use this space to write in any additional inf medical history or any other comments you may ha		
		8.

### PLEASE BRIEFLY REVIEW THE QUESTIONNAIRE TO MAKE SURE YOU HAVE NOT OMITTED ANY INFORMATION.

Thank you again for participating in our study of disease in families. Please return all blank charts with your completed questionnaires and charts.

9.	Are y	ou a twin or one of a multiple birth?	CHART
		No	Did this person have cancer, a or a grow
	9a.	How many other infants were born with you?	
		NUMBER	Type or site  Hospital where c
	9b.	Of those born with you, how many are of an identical relation with you?	City
		NUMBER	Yes No C
	9c.	Of those born with you, how many are of a fraternal (non-identical) relation with you?	Type or site  Hospital where c
		NUMBER	City
10.		nat religion were you raised? Please note that this religion may differ the religion that you practice as an adult.	Yes No Type or site
		None	Hospital where c
		Greek Orthodox	City
		Mormon	Yes No
		Protestant	Type or site
		Other	Hospital where c
			City

# PLEASE COMPLETE THIS CHART FOR ANY RELATIVE WITH CANCER FOR WHOM YOU HAVE NOT FILLED OUT INFORMATION IN EARLIER SECTIONS OF THIS QUESTIONNAIRE.

### **ADDITIONAL RELATIVES'**

11. What is regular

Relationship			irth and, if living,			
to you		address and p	ohone number			
Relationship	Last	First	Middle	( Maiden		
		Street /	Address			
Mother	0.11		01-1-	7'		
	City	,	State	Zip		
Father	Phone: ( Area Coo	) de	Number			
	Date of Birth: MO_					
					)	
Relationship	Last	First	Middle	Maiden	12.	Did a p
		Street	Address			
Mother		Sileet 7	Address			
Widther	City		State	Zip		
 Father	Phone: ( Area Coo	)	NI salas			
						12a.
	Date of Birth: MO_	DAY	YR	<u> </u>		
		F: (	N. 4. 1. II	(	)	
Relationship	Last	First	Middle	Maiden		
	Street Address					12b.
Mother						120.
	City	,		Zip		
Father	Phone: ( Area Coo	de	Number			12c.
	Date of Birth: MO_			<u> </u>		
					\	
Relationship	Last	First	Middle	Maiden	<del></del>	
rtolationip		Stroot	Address			
Mother		Sileet /	Address			
MOUTO	City		State	Zip		
Father	Phone: (	)	NI.			
			Number			
	Date of Birth: MO_	DAY	YR			

	12d.	What is the name and address of the hospital or health care facil where the diagnosis was made?	ity CHART
			Did this personal have cancer, a
		Hospital/Clinic Name	or a grow
		Street Address	
			Type or site
		City State Zip	Hospital where o
13.	What	is your marital status?	City
		Married or living as married	Yes No C
		Separated	Type or site
		Remarried	Hospital where o
	IF YO	OU HAVE EVER BEEN MARRIED, ANSWER Q.14 THROUGH Q.17. OU PARENTED CHILDREN WITH A PERSON TO WHOM YOU WERE MARRIED, CONSIDER THAT PERSON AS A SPOUSE.	City Yes No
14.	What	is the full name and birthdate of your current or most recent spou	se? Type or site
		Last Name First Name Middle Name (Maiden Nar	Hospital where o
		Date of Birth	City
		Month Day Year	Yes No C
			Type or site
			Hospital where o
			City

IF YOU HAVE ADDI

# PLEASE COMPLETE THIS CHART FOR ANY RELATIVE WITH CANCER FOR WHOM YOU HAVE NOT FILLED OUT INFORMATION IN EARLIER SECTIONS OF THIS QUESTIONNAIRE.

### **ADDITIONAL RELATIVES'**

15. With th who ma

Relationship to you	Name, date of birth and, if living, address and phone number					
Relationship	Last	First	Middle	( Maiden	_	IF THE
		Street /	Address		-	CHILDE
Mother	City		State	Zip	-	QUEST
Father	Phone: ( Area Co	) )	Number			IF YOU
	Date of Birth: MO					IF YOU NOT M
Relationship	Last		Middle	Maiden	-	IF YOU CHART
		Street /	Address		16.	What is
Mother	City		State	Zip	-	Wilde
Father	Phone: (	) ode	Number		-	
	Date of Birth: MO	DAY	YR	_		
				( )		
Relationship	Last	First	Middle	Maiden		
	Street Address				17.	Did you
Mother	City		State	Zip	-	
Father		) ode		·	_	
	Date of Birth: MO					
	Date of Birtin. IVIO	DA1	IN			IF THE
Relationship	Last	First	Middle	( Maiden	_	CHILDE
		Street /	Address		-	IF YOU
Mother	City		State	Zip	-	OF YOU FOR CI
Father	Phone: (	) ode	Number		_	WHEN
	Date of Birth: MO			_		TURN

### PARENTS' CHART

Relationship to you	Name, date of birth and, if living, address and phone number				
Mother	Last	First Middle	( <u>)</u> Maiden		
		Street Address			
	City	State	Zip		
	Phone: ( Area Code	) Number			
	Date of Birth: MO	DAY YR	_		
Father	Last	First Middle			
		Street Address			
	City	State	Zip		
	Phone: ( Area Code	Number			
	Date of Birth: MO	DAY YR	<u></u>		

Did this perso		
have cancer, a		
or a grow		
Yes No		
Type or site		
Hospital where c		
City		
Yes No		
Type or site		
Hospital where c		
City		
Yes No C		
Type or site		
Hospital where c		
City		
Yes No No		
Type or site		
Hospital where c		
City		

### **GRANDPARENTS' CHART**

Relationship	Name, date of birth and, if living,							
to you	address and phone number							
			•		1		١	
Mother's	Last	Firs	st	Middle		Maiden		
Mother								
	Street Address							
	<del></del>			_				
	City			State		Zip		
	Phone: (	)						
	Date of Birth:	MO	DAY	YR	-			
Mother's	Last	Firs	st	Middle				
Father			0, , ,					
	Street Address							
	City			State		Zip		
	Phone: (	)				·		
	Phone: (							
	Date of Birth:	MO	DAY	YR	-			
					(		)	
Father's	Last	Firs	st	Middle		Maiden		
Mother								
			Street A	Address				
	City			State		Zip		
	Oity /	`		State		Ζip		
	Phone: (	a Code		Number				
				YR				
	Date of Diffi.	1010	DA1	11\	_			
Father's	Last	Firs		Middle				
Father	Last	FIRS	δŢ	Midale				
	Street Address							
	Oli Oct / Idai Oct							
	City State			Zip				
	Phone: (	)					]	
	Area	a Code		Number				
	Date of Birth:	MO	DAY	YR				

Did this person have cancer, a or a grow
Yes No No
Type or site
Hospital where c
City
Yes No C
Type or site
Hospital where c
City

#### SISTERS' AND BROTHERS' To whose children does this chart refer? **CHART** Mother's Name Father's Name **LIST IN ORDER OF BIRTH** Did this perso Relationship Name, date of birth and, if living, have cancer, a address and phone number or a grow to you Sister Middle **Brother** First Maiden Last Yes No Half-Brother (same mother) Street Address Type or site Half-Brother (same father) City Half-Sister State Zip Hospital where c (same mother) Phone: Half-Sister Area Code Number (same father) City Date of Birth: MO DAY YR Sister First Middle Maiden Brother Last Yes L No Half-Brother (same mother) Street Address Type or site Half-Brother (same father) City State Zip Half-Sister Hospital where c (same mother) Phone: Half-Sister Area Code Number (same father) City Date of Birth: MO DAY Sister **Brother** First Middle Maiden Last Yes No Half-Brother (same mother) Street Address Type or site Half-Brother (same father) City State Zip Half-Sister Hospital where c (same mother) Phone: Half-Sister Number Area Code (same father) City DAY\_ Date of Birth: MO YR